



**MISSOURI  
DEPARTMENT OF SOCIAL SERVICES**

**Matt Blunt**  
GOVERNOR

**Deborah E. Scott**  
DIRECTOR

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July 13, 2007

The Honorable Matt Blunt  
Governor of Missouri  
State Capitol Building, Room 216  
Jefferson City, Missouri 65101

Dear Governor Blunt:

Attached, for your information, is a report to the General Assembly regarding the progress of the performance based case management contracts. Missouri statute (210.112 RSMo) requires that a report be submitted to the General Assembly annually on or before July 15<sup>th</sup> as long as performance based case management contracts are in effect.

The state statute requires that the report include details regarding the number served, cost, current status of the children, an assessment on quality of services, an overall evaluation of the project, and recommendations regarding continuation of the project. Our report addresses these issues.

I am available to you at anytime to answer questions regarding this report. I hope you find the information helpful.

Sincerely,

Deborah E. Scott  
Director

DES:dl



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DEPARTMENT OF SOCIAL SERVICES**

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July 13, 2007

The Honorable Michael Gibbons  
President Pro Tem  
Missouri State Senate  
Room 326, State Capitol Building  
Jefferson City, MO 65101

Dear Senator Gibbons:

Attached is a report to the General Assembly regarding progress of the performance based case management contracts. Missouri statute (210.112 RSMo) requires that a report be submitted to the General Assembly annually on or before July 15<sup>th</sup> as long as performance based case management contracts are in effect. The state statute requires that the report include details regarding the number served, cost, current status of the children, an assessment on quality of services, an overall evaluation of the project, and recommendations regarding continuation of the project.

The attached report, prepared by our Children's Division, addresses these issues. It is being provided to you as President Pro Tem of the Missouri Senate. Please let me know if you have any questions.

Sincerely,

Deborah E. Scott  
Director

DES:JCH:ct  
Attachments



**MISSOURI  
DEPARTMENT OF SOCIAL SERVICES**

**BOB HOLDEN**  
GOVERNOR

**Deborah Scott**  
DIRECTOR

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July 13, 2007

The Honorable Rod Jetton  
Speaker of the House  
House of Representatives  
Room 308, State Capitol Building  
Jefferson City, MO 65101

Dear Speaker Jetton:

Attached is a report to the General Assembly regarding progress of the performance based case management contracts. Missouri statute (210.112 RSMo) requires that a report be submitted to the General Assembly annually on or before July 15<sup>th</sup> as long as performance based case management contracts are in effect. The state statute requires that the report include details regarding the number served, cost, current status of the children, an assessment on quality of services, an overall evaluation of the project, and recommendations regarding continuation of the project.

The attached report, prepared by our Children's Division, addresses these issues. It is being provided to you as Speaker of the House for the Missouri House of Representatives. Please let me know if you have any questions.

Sincerely,

Deborah E. Scott  
Director

DES:JCH:ct  
Attachments

**Missouri Department of Social Services  
Children's Division  
Report to the General Assembly on  
Contracted Case Management of Child Welfare Cases  
July, 2007**

**OVERVIEW**

Pursuant to Section 210.112.6, RSMo, on or before July 15, 2006, and each July fifteenth thereafter that the project is in operation, the division shall submit a report to the general assembly which shall include:

- (1) Details about the specifics of the contracts, including the number of children and families served, the cost to the state for contracting such services, the current status of the children and families served, an assessment of the quality of services provided and outcomes achieved, and an overall evaluation of the project; and
- (2) Any recommendations regarding the continuation or possible statewide implementation of such project; and
- (3) Any information or recommendations directly related to the provision of direct services for children and their families that any of the contracting children's services providers and agencies request to have included in the report.

**BACKGROUND INFORMATION**

Missouri has a long standing public/private partnership in the delivery of services to the child welfare population. The Department of Social Services (DSS) has historically relied on the private sector to deliver services such as residential treatment and mental health services. In 1988, the Division of Family Services (DFS) began contracting with the private sector for adoption case management services through the adoption recruitment and assessment contracts. The scope of these services was limited and did not begin to expand until 1997 when contracts were put in place specifically for foster care/adoption case management services. When the contracts were re-bid in 2000, there was significant growth in the number of the children case managed through the private sector. These contracts were not considered performance based and still involved the staff of the public agency to participate in limited aspects of the case management process, i.e. court hearings, licensing, etc. Contractors were paid on a per diem basis, there were no outcomes to achieve and they were required to use the division's foster homes.

In 2002, the DFS held the first stakeholder meeting to discuss a performance based contract for the delivery of foster and adoption case management services (the Children's Division was established in August 2003 from the children's services section of DFS). Before the contract was developed, HB 1453 was introduced. This legislation mandated the division to direct these efforts towards geographic areas of the state, including Greene County, where eligible children's services providers and agencies are available and

capable of providing a broad range of services. The division was required to enter into contracts with qualified providers for the provision of a comprehensive services delivery system for children and families by July 1, 2005. The performance based contracts were developed through a series of statewide and regional meetings, with representation from the public and private sectors. In 2004, public/private sub-committees were formed for the development of the provider/personnel qualifications, enrollment and outcomes sections for the Request for Proposal (RFP).

While the previous case management contracts utilized approximately 26 contracted providers, the division sought fewer contracts with provider consortiums that could pool resources and partner within their respective systems to provide a broader continuum of services. This broad continuum of service provision allows for caseloads in the public sector to be reduced, allowing accreditation standards for caseload size to be achieved with few additional FTE's.

The performance based foster and adoption cases management contracts were awarded to seven consortiums effective June 1, 2005.

## **ST. LOUIS CONTRACT AWARDS**

These provider consortiums serve St. Louis City, St. Louis County, St. Charles and Jefferson counties.

- Missouri Alliance Permanency Program
  - Missouri Alliance for Children and Families
  - Boys and Girls Town
  - Edgewood Children's Center
  - Missouri Baptist
  - Presbyterian Children's Services
  - Evangelical Children's Home
- Children's Permanency Partnership, LLC
  - Family Resource Center
  - Epworth
  - Youth In Need
  - Urban Behavioral Health Services
- St. Louis Partners
  - Catholic Charities
  - Catholic Services
  - Bringing Families Together
  - Our Little Haven
  - Lutheran Family and Children Services

## **KANSAS CITY CONTRACT AWARDS**

These provider consortiums serve Jackson, Andrew, Buchanan, and Clay counties.

- Cornerstones of Care
  - Gillis
  - Marillac
  - Ozanam
  - Spofford
  - Missouri Baptist
- Family Advocates, LLC
  - Crittenton
  - Catholic Charities
  - Downeside

## **SPRINGFIELD REGION CONTRACT AWARDS**

These provider consortiums serve Greene, Christian, Taney, Lawrence, Barry and Stone counties.

- Boys and Girls Town
  - Boys and Girls Town
  - Missouri Baptist
  - Presbyterian
  - Missouri Alliance
  - Burrell
- Springfield Partners, LLC—began serving children in September 2006, during the second year of the contract.
  - Alternative Opportunities
  - Catholic Charities
  - Good Samaritan Boys Ranch
  - Lutheran Family and Children Services

## **CHILDREN’S DIVISION PILOT GROUPS/INDEPENDENT EVALUATION**

Pilot groups within the Children’s Division in Greene County and Jackson County were designed to match the contractors on certain criteria such as:

- The type of caseload they serve
- The services they provide (limiting services provided by the pilot to only those provided by the contractors)
- Caseload size
- Supervisory ratios
- Staff development expectations, and
- Random assignment of replacement cases

The pilots were not matched on:

- Education and experience of staff
- Salaries of staff
- Funding for special expenses and purchased services, and
- Flexibility regarding the types of services purchased due to state procurement rules and the amount paid for such services

Performance of the contractors, pilots and the rest of the Children's Division within the contracted case management regions, and the conditions which exist in all three groups were addressed in an independent evaluation. The Children's Division contracted with the University of Missouri-Columbia to conduct the independent evaluation. The University began a series of focus groups with stakeholders in March 2006 and completed their evaluation in May 2007.

### **Quality Improvement Center (QIC) Grant**

The National Quality Improvement Center on the Privatization of Child Welfare Services has established an evaluation to study the public-private partnerships occurring around the country. Through a competitive application process, Missouri, Illinois and Florida were selected to participate in this cross-site PBC evaluation for the next three years. This project will examine the long-term maintenance supports and quality assurances processes needed to successfully implement a performance based contracting system for case management services for out of home care. External evaluators for this project are the University of Missouri-Columbia School of Social Work.

### **COST**

The case rate needs to be sufficient to meet the true cost of the service. The Children's Division contracted with Mercer Government Human Services Consulting to obtain a study to develop an actuarially sound case rate range for case management services in selected counties. This information was provided in the RFP. Since costs can vary depending on the size of the case management program, a cap was not placed on the competitive bids.

The Children's Division included language in the contract regarding the addition of foster care maintenance (room and board) and residential treatment services to the case rate in the second contract year that began October 1, 2006. Payment for foster care maintenance and residential treatment services began for those services delivered by the contractors in December 2006, for 2182 children. The Children's Division anticipated a decline in foster care caseloads which made available funding for foster care maintenance and residential treatment services.

Each contractor providing services during the first year of the contract was awarded \$126,000 in start up costs. This was adequate financial resources to pay for the salary of 14 case managers for three months. The total cost for start up was \$756,000. The only contracted provider to receive start up costs for Year 2 was Springfield Partners, which began serving children in September 2006.

Total expenditures to the seven consortiums since the inception of the case management contract in September 2005 have been approximately \$52 million. Payments to the contracted providers increased in December 2006, when they began paying for placement costs in foster care and residential treatment. Average monthly cost to the state since the increase for placement costs is \$4.2 million. This includes the case management rate, treatment expenses, and placement costs (residential treatment and foster care).

## **OUTCOMES**

The outcomes which were negotiated and included in the RFP are attached. Some of the outcomes mirror the federal expectations for Missouri's child welfare program, as established through the Child and Family Service Review held in December 2003. The Year One (September 1, 2005-September 30, 2006) Outcomes report was compiled and is attached in Appendix B.

Distribution of the outcomes report in February 2007 generated discussion on children that were referred in the last month of the reporting period. Some children that were intended to be included in Year Two of the contract period were referred to the contractors late in September 2006; either by request of the agency or in preparation for the October 1, 2006 beginning date, and counted in the report. Referrals for Year Three Contract will not be given until the contract beginning date of October 1, 2007. It is anticipated that 105 new cases will be distributed to the two providers in the Springfield Region, in order to help reduce the public sector caseloads in Greene County as that circuit goes through the Council on Accreditation process. Also noted in the Year One report were some child abuse and neglect safety measures that were initially reported due to substantiated abuse/neglect findings, but later overturned through an appeal process.

The outcomes report includes dynamic data and is accurate as of the day the report is produced. It should be understood by the reader that child abuse and neglect incidents can be overturned, that data input errors may be identified and then corrected at a later date, and children can be included that were referred to the contractor up to the end of the reporting deadline.

Quarterly reports were generated for Year Two, Quarter One and Quarter Two, but measures did not adequately reflect the performance. As stated earlier, outcomes are designed for a full year of service delivery and should be noted as such. Year Two Quarterly Outcomes are attached in Appendix C.

The CEO's of each consortium, along with the Children's Division discussed the revision of outcome targets for Year Two of the contract and agreed to leave those targets the same as they were for Year One. It will be important for all consortiums to meet their outcome goals in the second year.

## **COMMUNICATION/LESSONS LEARNED**

In addition to the communication that occurs on an as needed basis, the Division Director and other key staff from the Children's Division meet with the CEO's of the contracted providers on a regular basis. This forum has been utilized to resolve issues that pose a



barrier to the successful implementation of the public-private partnership. The CEO meetings have been utilized to examine the support contractors receive from Children's Division contracted case management oversight specialists at the local level. Each county assigning cases to the contractors has designated staff to oversee the contracts and provide technical support to the contracted staff. Meetings during the first year were held on a monthly basis. During the second year of the contract, it was jointly agreed upon that these meetings would be held every other month. Also invited to attend every other meeting are program staff from the contracted providers and the Children's Division.

The Children's Division Director offered to meet individually with each contracted consortium and the mirror units to discuss their successes in achieving the outcomes, any barriers they encountered and any additional suggestions to prepare for continuation of the partnership. These meetings were held in March and April of 2007.

Strengths included:

- the flexibility and creativity in developing case plans for families
- the ability to authorize and pay for services in a timely fashion
- small caseloads that allow for timely court reports and visits with the families
- staff with previous adoption experience that help move children to permanency, timeframe between TPR and adoption seems to move quicker
- examining the outcomes to identify strategies for improvement
- always talking about what is best for families, children and workers
- Supervisor/staff ratio important component
- support from Children's Division staff when questions/concerns come up are addressed timely and appropriately
- Consortiums work together and communicate to share resources
- STARS Train the Trainer manuals were distributed to each consortium so they may train foster parents. This is in addition to also having access to the Children's Division training offered to foster parents. This will assure all foster parents are able to access training in a timely manner.

Challenges mentioned in the meetings were:

- developing new outcomes that can show positive work being done with older youth that may not achieve permanency
- the measure for residential placements needs to be further examined to insure a meaningful outcome
- understanding and completing subsidy paperwork for adoption and guardianship
- developing foster homes

Additional suggestions mentioned to incorporate as the partnership continues were

- quality improvement forms used in a reciprocal way to track concerns from PBC providers
- clarifying contract language in some areas, including a stop loss clause

In addition to these individual meetings, the consortiums were invited to submit comments to meet the language in 210.112.6, "any information or recommendations directly related to the provision of direct services for children and their families that any

of the contracting children's services providers and agencies request to have included in the report." Three consortiums responded and their comments are included in Appendix A, which is attached.

A Continuous Quality Improvement (CQI) process was implemented at the local and regional levels with meetings occurring on a regular basis. This type of process emphasizes issue resolution at the local level and ongoing planning for improved service delivery and collaboration.

Concerns received regarding the contracted providers service delivery are noted and resolution is tracked. Any trends can be noted and can result in a request for a formal corrective action plan. During the second year of the contract, thus far, there have been four letters of concern issued, three of which the Children's Division requested a corrective action plan. The private agencies have implemented aggressive action plans to address any concerns brought to them by the division. They have also been very cooperative in providing information when calls have been received by the Governor's Office, Legislators, Office of the Child Advocate and the Children's Division Central Office Constituent Unit.

## **CHALLENGES**

Challenges that arose in the implementation of the second year of the contract included the delay in producing the final year one outcomes report. The Department of Social Services Research and Evaluation Unit experienced staff turnover that contributed to the delay in reporting of the data. Operational definitions on how to calculate the measures changed for the second year as well. For example, moves experienced by children needed to be counted from the time the contracted provider was the case manager, as opposed to having a clean slate which occurred in Year 1. Challenges continue with the information systems and the data that is produced is reliant on the integrity of the data input.

The payment of placement costs for services provided in December 2006 by the contracted agencies required automated system changes to stop those payments from being generated by the division. The contracted providers thought this challenge was addressed in an appropriate manner and they were able to acclimate the placement providers on this process before the implementation.

Children that are case managed by private agencies also receive services from the Specialized Care Contract and Medicaid Waiver program. These children must be removed from the invoices to the contracted providers, as the Children's Division continues to pay the costs for these children. Reporting these children timely has been an issue to be resolved.

Timeliness has also affected numerous other areas, including system updates, child care authorization, outcome reporting, critical events and notification to Children's Division when sharing resource family homes.

Cases were given in the second year of the contract to the providers to replace those children that leave the child welfare system and do not achieve permanency. These are often older children that “age out” or the court simply drops jurisdiction and they do not achieve permanency. These cases were replaced on a one-for one basis and were not included in the normal monthly rotation of cases already expected to be assigned to the private agencies.

## **OVERALL EVALUATION AND RECOMMENDATION**

It is recommended at this time that a contract for this type of case management service be continued. The current contract will need to be modified and simplified to ensure that language is clear and understood by all parties and inclusive of lessons learned. The Children’s Division has considered the expansion of this contract to a large rural, multi-county circuit to examine it’s effectiveness in such a geographical area.

This initiative has served to increase the capacity to provide quality services to vulnerable children and their families. It has enabled the division to reduce public caseloads and begin to meet accreditation standards. The inclusion of public pilot sites will help us to learn from the public and private sector working with similar condition. Thus far, the Children’s Division believes this partnership has been successful overall in making the transition to a performance based contract for case management. Year One performance outcome goals for permanency were not met by all consortiums, but outcome measures overall were positive. Improved outcomes for children case managed by private and public staff is our ultimate goal. At this point, we believe the work being done through this partnership is helping move us forward toward that goal.



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Paula Neese, Children’s Division Director

July 13, 2007

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Date

### Attachments:

Appendix A: Information from Contracted Providers

Appendix B: Year One Outcomes Report

Appendix C: Year Two Quarterly Outcomes Reports

## **Appendix A: Information from Contracted Providers**

### **Missouri Alliance for Children and Families**

The Missouri Alliance is pleased to provide feedback to the Division and the Legislature on the continuing endeavor to utilize private providers to provide foster care and adoption case management for a portion of the child welfare population. The following comments are intended to highlight some areas of significant achievement and to offer some ideas for future contracting which we believe would enhance the program and produce better outcomes.

The public/private partnership which is the foundation of this contract has been, for the most part, maintained during the first two years of the contract. The Division not only is willing to meet with providers to share information and address issues, but has actively sought out such meetings. They are held on a regularly scheduled basis and include the Chief Executive Officers of the contracted agencies, as well as their top management staff. The transition from state employee case management to private provider case management has not been easy but has been accomplished in an efficient effective manner.

Our suggestions for areas of review and further discussion are:

1. The Children's Division should advocate for and develop a system which allows a flow thru of provider rate increases approved by the legislature to the contracted agencies. During the 2007 session, rate increases were approved for foster parents and residential providers by the General Assembly. It is important that the foster parents and providers serving all children in the child welfare system benefit from this increase, not just those providers who are serving children still case managed by the state workers.
2. The Department of Social Services should commit to increasing the rate for the second year to the bid amount either by utilizing existing funds or by requesting an appropriation (supplemental or New Decision Item). Providers are, in good faith, proposing a firm fixed price for the second year which includes their best estimation of the increase in the cost of doing business. Although language in the contract states that the second year cost is "subject to available appropriation", we do not believe it was ever the intent of the Office of Administration to use this language to arbitrarily deny these increases. This forces providers to continue serving children at the rate bid for year one or end their contract. We believe that by accepting the bid, the Department is legally bound to increase the rate to the accepted level in Year Two or cancel the contract. We believe it is unfortunate that this precedent has been set within DSS in the past, and we believe it is time to set a new policy on this issue.
3. The Children's Division should provide significantly increased flexibility concerning prescribed forms and procedures to the contracted agencies. One of

## **Appendix A: Information from Contracted Providers (continued)**

- the primary benefits of utilizing private providers is to create an opportunity to do business differently. The private contractor should be able to employ a wide variety of treatment modalities to achieve the expected results of permanency. The contractors have developed advanced Management Information Systems to facilitate data collection and have designed their own tools for use by the workers. Unfortunately, the Children's Division has insisted on a replication of their forms and policies by the contractor. This has created a duplication of forms and, frankly, is a waste of the valuable time of a case manager. Although collecting of data is of utmost importance, the method of such collection can best be defined by the individual contractor. If the contractor is COA accredited, they will have had significant review of their policies and procedures and should not have to change to mold their system to replicate the state. It is the outcomes which should determine provider performance, not completion of certain Children's Division forms.
4. Establish official recognition by the Children's Division and the Missouri Legislature that children successfully transitioning to independent living (APPLA) have achieved a permanency goal. It is unfortunate that the federal government has chosen to include only the outcomes of reunification, adoption, or guardianship as documentable permanency goals. The other outcome which we believe is clearly a success is the transition of a child from foster care to a stable independent living situation as a young adult. The federal government even defines this as Another Planned Permanent Living Arrangement (APPLA) but refuses to recognize it as a success. We believe that the Division and the State of Missouri can take a bold step forward by recognizing this success. Inclusion of this outcome as a success in the defined outcomes of the contract would go a long way towards bringing attention to this issue.
  5. Define a concrete specific financial incentive system within the contract. Although the Division attempted to provide an incentive system in this first contract, this system did not seem to provide rewards, and, in fact, during the first two years of the contract has become confused and muddled. We do not believe it was the intent of the Division to remove incentives, but decisions made during the first two years resulted in a complicated process of utilizing entries and exits to determine the actual reward for a provider who was exceeding the state goals. We would suggest a very straight forward system of tying a fixed dollar amount to each successful permanency,
  6. Allow the providers to utilize current technology for populating the new State Automated Child Welfare System (SACWIS). Although we realize this is primarily a federal issue, we believe the state of Missouri needs to aggressively pursue withdrawal from SACWIS. Such a withdrawal would allow the state to proceed with implementation of SACWIS for state employees, and it would permit the contractors to transfer data in a real time situation from their system into SACWIS. This would prevent the enormous expense of running two entirely

## **Appendix A: Information from Contracted Providers (continued)**

different but duplicative Management Information Systems. Although the withdrawal would forego the continued use of enhanced matching and potentially require some payback of federal funds, it would advance the state of the art MIS for child welfare enormously. The loss of revenue would be offset by the savings to the contractors.

Thank you for the opportunity to comment. We believe that the implementation of the public/private partnership in Missouri has been remarkably successful and we look forward to continuing to serve Missouri's children together.

Richard L. Matt, President & CEO  
Missouri Alliance for Children & Families

### **Cornerstones of Care**

Cornerstones of Care is pleased to partner with the Children's Division to provide case management services under the Performance Based Contract. While issues have arisen, the Children's Division and private agencies have been able to work through and resolve the issues through communication and discussion, specifically in the CEO Meetings that occur every other month. This contract has helped Cornerstones of Care to have a greater understanding of child welfare issues, and we feel that children and families are best served by bringing together the resources of private agencies and the public child welfare sector. Specifically, in the Kansas City Region, this contract has brought about enhanced collaboration amongst private agencies and the Children's Division in the areas of shared staff development opportunities, shared foster parent training opportunities, and shared recruitment for foster and adoptive parents.

One area of concern needing to be addressed is in regards to the use of the Children's Division's new management information system (SACWIS). In the upcoming months the Children's Division will begin requiring their own staff and private agency staff to enter case activities into SACWIS. Currently Cornerstones of Care, and most if not all other private agencies, utilizes its own state of the art management information system to track case activities, client data, monitor utilization of services, monitor outcomes, and to pay placement and service providers. We believe the use of these systems has allowed private agencies to more effectively monitor the work of service providers, while insuring accurate and timely payments for services provided. The SACWIS system being implemented by the Children's Division does not have this essential functionality, which means that private agencies will be forced to duplicate entries into two systems. Cornerstones of Care recommends a system where private agency's management information systems are allowed to securely upload information into the Children's

## **Appendix A: Information from Contracted Providers (continued)**

Division's SACWIS system, in turn saving the time and resources which would be the result of utilizing two systems.

Thank you for the opportunity to comment on the Performance Based Contract.

Respectfully Submitted,

Paul Gemeinhardt  
President/Chief Executive Officer  
Cornerstones of Care

### **Boys and Girls Town of Missouri**

Boys & Girls Town of Missouri is submitting the following recommendations directly related to the provision of direct services for children and their families to be included in the report being submitted to the General Assembly.

Performance Based Contractors have requested that the state allow for the contractors to accept a data transfer file that would allow the contractors to export information from their client tracking systems so information could be input it into FACES (Children's Division new client tracking system). By not allowing the use of data transfer file PBC Case Managers will be required to enter the data into the contractor's client tracking system **and** the state system. FACES is a full case management system that includes case notes, communications, contacts, placements, legal, education, etc. It captures basically all the same information that the PBC systems are capturing in their own systems with the exception of tracking services, check requests, authorizations for payment and the ability to generate data and management reports for the purpose of tracking outcomes and quality assurance. It is imperative that the contractors be able to operate their own client tracking systems and be able to transfer their data to the state system. The position from the Children's Division is that the federal Department of Health and Human Services, Administration of Children and Families, the agency that provides funding to the states for the development of client tracking systems, do not allow for the transfer of data from private provider systems to state operated systems. It is our understanding that states such as Michigan, have opted to not require their private providers to use the state system, but allow for the data to be transferred to the state system. This results in the state having to return the minimal funding to the DHHS, ACF, in order to allow their private foster care case management providers to transfer data from the private systems into the state system. It is our recommendation that Children's Division and representatives from the private providers explore the actions of Michigan and other states that have opted out of the funding process in order to determine the impact on the Children's Division funding for their new computer system

## **Appendix A: Information from Contracted Providers (continued)**

in order for the private providers to continue operating their own systems without having to do duplicate entry into two systems.

Thank you for the opportunity to present recommendations to be included in the report to the General Assembly. Please do not hesitate to contact me if additional information or clarification is needed regarding the above recommendations.

Cindy L. Burks, MSW, LCSW  
Senior VP of Treatment & Utilization Management  
Boys & Girls Town of Missouri

### **Family Advocates**

Family Advocates, LLC, concurs with the conclusion of the Children's Division, "that this partnership has been successful overall in making the transition to a performance-based contract for case management" and the work being done by this partnership is moving us toward improved outcomes, particularly in the area of permanency for children. We have appreciated the opportunity to serve Missouri's children.



## Appendix B: Year 1 Outcomes Report

### PBC Outcomes 9/1/05-9/30/06\*

Domains	Data Elements	6ZA Missouri Alliance	6ZB Children's Perm Partner	6ZC St. Louis Partners	6ZD Cornerstones of Care	6ZE Family Advocates	6ZF Boys & Girls Town	6ZG Springfield Partners***	6ZH Jackson Co Pilot	6ZI Greene Co Pilot
Re-entries	Total Population	707	704	292	413	224	279	120	199	257
	Re-entries	4	2	0	6	1	3	0	6	0
	Total # Exits	215	216	116	184	110	84	0	110	68
	% did not re-enter care	98.1%	99.1%	100.0%	96.7%	99.1%	96.4%	N/A	94.5%	100.0%
	<b>Target</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>
Stability	#Children w/0, 1 & 2 Moves	654	644	264	385	212	266	120	178	245
	% w/ 2 or less moves	93%	91%	90%	93%	95%	95%	100%	89%	95%
	<b>Target</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>N/A</b>	<b>82%</b>	<b>82%</b>
Permanency	# Achieving Perm	175	177	91	143	91	65	0	80	52
	% Achieving Perm	25%	25%	31%	35%	41%	23%	0%	40%	20%
	<b>Target</b>	<b>32%</b>	<b>32%</b>	<b>32%</b>	<b>30%</b>	<b>30%</b>	<b>24%</b>	<b>N/A</b>	<b>30%</b>	<b>24%</b>
Residential Utilization	Res Tx Ave Utiliz Days	163	182	159	203	202	195	11	163	187
	% of Kids in Res Tx	29%	36%	26%	26%	18%	24%	19%	33%	20%
	Avg Utiliz Days in Contract	169	169	169	183	183	170	170	183	170
	<b>Target</b>	<b>166</b>	<b>166</b>	<b>166</b>	<b>179</b>	<b>179</b>	<b>167</b>	<b>167</b>	<b>179</b>	<b>167</b>
Resource Homes	# Homes Developed	33	47	56	21	15	24	N/A	N/A	N/A
	<b># Resource Homes Stated in Proposal</b>	<b>20</b>	<b>52</b>	<b>40</b>	<b>20</b>	<b>50.4</b>	<b>20</b>	<b>35</b>	<b>N/A</b>	<b>N/A</b>
Safety	# Child Abuse/Neglect in Foster Care	1	5	1	3	0	0	0	0	1
	% of Child Abuse/Neglect in Foster Care	99.86%	99.29%	99.66%	99.27%	100%	100%	100%	100%	99.61%
	<b>Target</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>

\*Reflects all children referred until 9/30/06, including cases referred for Contract Year 2, which began October, 2006.

\*\*\*Springfield Partners began serving children in September, 2006.

## Appendix C: Year 2 Quarterly Outcomes Reports

### PBC Outcomes First Quarter Year Two

Domains	Data Elements	6ZA Missouri Alliance	6ZB Children's Perm Partner	6ZC St. Louis Partners	6ZD Cornerstones of Care	6ZE Family Advocates	6ZF Boys & Girls Town	6ZG Springfield Partners**	6ZH Jackson Co Pilot	6ZI Greene Co Pilot
Re-entries	Population	284	285	119	226	127	109	2	117	94
	Re-entries	6	4	5	10	3	5	0	3	0
	% did not re-enter care	97.9%	98.6%	95.8%	95.6%	97.6%	95.4%	100.0%	97.4%	100.0%
	Target	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%
Stability	Population	761	809	337	444	241	329	121	209	263
	#Children w/0, 1 & 2 Moves	680	728	302	405	226	312	121	187	247
	% w/ 2 or fewer moves	89%	90%	90%	91%	94%	95%	100%	89%	94%
	Target	82%	82%	82%	82%	82%	82%	82%	82%	82%
Permanency	Population	543	568	220	268	133	245	121	104	178
	# Achieving Perm	52	56	13	40	19	22	2	19	18
	% Achieving Perm	10%	10%	6%	15%	14%	9%	2%	18%	10%
	Target	32%	32%	32%	30%	30%	24%	24%	30%	24%
Residential Utilization	Population	104	140	40	60	23	38	25	25	29
	Res Tx Ave Utiliz Days	274	274	224	265	302	244	76	238	335
	% of Kids in Res Tx	19%	25%	18%	22%	17%	16%	21%	24%	16%
	Avg Utiliz Days in Contract	169	169	169	183	183	170	170	183	170
	Target	166	166	166	179	179	167	167	179	167
Safety	Population	543	568	220	268	133	245	121	104	178
	# CA/N in Foster Care	1	0	0	0	0	0	1	0	1
	% of CA/N in Foster Care	0.18%	0.00%	0.00%	0.00%	0.00%	0.00%	0.83%	0.00%	0.56%
	% No CA/N in Foster Care	99.82%	100.00%	100.00%	100.00%	100.00%	100.00%	99.17%	100.00%	99.44%
	Target	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%

**Appendix C: Year 2 Quarterly Outcomes Reports (continued)**

**Second Quarter Year Two**

<b>Domains</b>	<b>Data Elements</b>	<b>6ZA Missouri Alliance</b>	<b>6ZB Children's Perm Partner</b>	<b>6ZC St. Louis Partners</b>	<b>6ZD Cornerstones of Care</b>	<b>6ZE Family Advocates</b>	<b>6ZF Boys &amp; Girls Town</b>	<b>6ZG Springfield Partners**</b>	<b>6ZH Jackson Co Pilot</b>	<b>6ZI Greene Co Pilot</b>
<b>Re-entries</b>	Population	279	255	123	220	114	118	11	118	92
	Re-entries	7	8	6	12	5	6	0	8	1
	% did not re-enter care	97.5%	96.9%	95.1%	94.5%	95.6%	94.9%	100.0%	93.2%	98.9%
	<b>Target</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>
<b>Stability</b>	Population	825	868	361	482	252	345	126	237	276
	#Children w/0, 1 & 2 Moves	729	768	319	439	236	322	124	209	260
	% w/ 2 or fewer moves	88%	88%	88%	91%	94%	93%	98%	88%	94%
	<b>Target</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>
<b>Permanency</b>	Population	608	629	248	306	144	261	126	133	192
	# Achieving Perm	103	82	33	64	36	42	11	24	31
	% Achieving Perm	17%	13%	13%	21%	25%	16%	9%	18%	16%
	<b>Target</b>	<b>32%</b>	<b>32%</b>	<b>32%</b>	<b>30%</b>	<b>30%</b>	<b>24%</b>	<b>24%</b>	<b>30%</b>	<b>24%</b>
<b>Residential Utilization</b>	Population	125	172	58	68	28	49	29	40	31
	Res Tx Ave Utiliz Days	284	281	222	290	290	261	119	209	386
	% of Kids in Res Tx	21%	27%	23%	22%	19%	19%	23%	30%	16%
	Avg Utiliz Days in Contract	169	169	169	183	183	170	170	183	170
	<b>Target</b>	<b>166</b>	<b>166</b>	<b>166</b>	<b>179</b>	<b>179</b>	<b>167</b>	<b>167</b>	<b>179</b>	<b>167</b>
<b>Safety</b>	Population	608	629	248	306	144	261	126	133	192
	# CA/N in Foster Care	1	0	0	1	2	0	1	0	1
	% of CA/N in Foster Care	0.16%	0.00%	0.00%	0.33%	1.39%	0.00%	0.79%	0.00%	0.52%
	% No CA/N in Foster Care	99.84%	100.00%	100.00%	99.67%	98.61%	100.00%	99.21%	100.00%	99.48%
	<b>Target</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>